

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL  
CONSENT FOR RELEASE OF INFORMATION FROM EDUCATION RECORDS

I, \_\_\_\_\_, hereby authorize The University of North Carolina  
Name of Student

at Chapel Hill to release information from my education records to:

\_\_\_\_\_  
Name of Party or Parties to Whom Disclosure Is to Be Made

I consent to the release of the following types of information and documents from my education records: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The purpose of this disclosure is:

\_\_\_\_\_  
\_\_\_\_\_

This Consent shall remain in effect until revoked. A copy of this Consent shall have the same force and effect as the original.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date